

## TRANSFERS WITH MULTIPLE COMPANIES

Return the completed form and all attachments to the **KANSAS REAL ESTATE COMMISSION, #3 Townsite Plaza, Suite 200, 120 SE 6<sup>th</sup> Ave., Topeka, KS 66603-3511. Fax: 785-296-1771. Phone: 785-296-3411.**

**Mark all changes requested.** Note: Section A below **must** be completed in order to process **any** change.

☐ Transfer for Licensee with Multiple Companies (Section A & B)

☐ Add Additional Company(s) (Sections A, B, & C)

### SECTION A

(Please print or type)

LICENSEE NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_  
STREET OR RR CITY STATE ZIP CODE

RESIDENCE PHONE: ( ) CELL PHONE: ( )

E-MAIL ADDRESS: \_\_\_\_\_

LICENSEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### TRANSFER INSTRUCTIONS

#### for Licensee with MULTIPLE Companies

1. Licensee, terminating broker and new supervising/branch broker must complete and sign Section B below.
2. All brokers of other affiliated companies must sign to acknowledge the transfer in Section C below.
3. Attach the wall license to this change request and submit to the KREC with the **\$15** transfer fee.

**Note:** Transfer of license applies whether moving from one company to another or from one branch to another. The transfer will be effective on the date received by KREC.

This is to certify that the above shown licensee has requested a transfer of license:

### SECTION B

FROM: \_\_\_\_\_  
TERMINATING COMPANY NAME

COMPANY # \_\_\_\_\_

TO: \_\_\_\_\_  
NEW COMPANY NAME

COMPANY # \_\_\_\_\_

NEW COMPANY ADDRESS \_\_\_\_\_

( )

CITY, STATE, ZIP \_\_\_\_\_

NEW COMPANY PHONE \_\_\_\_\_

( )

NEW COMPANY FAX \_\_\_\_\_

SIGNATURE OF LICENSEE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

SIGNATURE OF **TERMINATING** BROKER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

SIGNATURE OF **NEW SUPERVISING/BRANCH** BROKER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

### SECTION C

COMPANY NAME \_\_\_\_\_

COMPANY # \_\_\_\_\_

SIGNATURE OF CURRENT SUPERVISING/BRANCH BROKER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY # \_\_\_\_\_

SIGNATURE OF CURRENT SUPERVISING/BRANCH BROKER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY # \_\_\_\_\_

SIGNATURE OF CURRENT SUPERVISING/BRANCH BROKER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_